

Filing Fee \$35.00

LIMITED PARTNERSHIP

STATE OF MAINE

**STATEMENT TO
ADD/DELETE/CHANGE LOCATION
WHERE AN ASSUMED NAME
IS USED IN MAINE**

Deputy Secretary of State

A True Copy When Attested By Signature

Deputy Secretary of State

(Real Name of Limited Partnership)

Pursuant to [31 MRSA §1308.2](#), the undersigned limited partnership executes and delivers the following Statement to Add/Delete/Change Location Where an Assumed Name is Used in Maine:

FIRST: The assumed name of the limited partnership affected by this change:

_____.

SECOND: The location where the assumed name is currently being used, if any:

_____.

THIRD: The limited partnership intends to: (provide description of change/addition/deletion in the space provide below)

☐ Change location(s)

☐ Add additional location(s)

☐ Delete location(s)

☐ Additional locations are attached as Exhibit ____, and made a part hereof.

GENERAL PARTNER(S)*

DATED _____

(signature)

(type or print name)

For General Partner(s) which are Entities

Name of Entity _____

By _____
(authorized signature)

(type or print name and capacity)

*Statement **MUST** be signed by at least one **general partner** listed in the Certificate of Limited Partnership ([31 MRSA §1324.1.J](#)).

The execution of this statement constitutes an oath or affirmation under the penalties of false swearing under [17-A MRSA §453](#).

Please remit your payment made payable to the Maine Secretary of State.

Submit completed form to:

Secretary of State
Division of Corporations, UCC and Commissions
101 State House Station
Augusta, ME 04333-0101

Telephone Inquiries: **(207) 624-7752**

Email Inquiries: CEC.Corporations@Maine.gov